

FILED
UNITED STATES DISTRICT COURT
DISTRICT OF NEW MEXICO

Pro Se 5 (Rev. 12/16) Complaint for a Civil Case Alleging Negligence

2022 JAN 24 PM 4:14

UNITED STATES DISTRICT COURT

for the

District of New Mexico

Maria PETER
Michael PETER
Julika BERGER
Jarolin BERGER

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Susan Diane WOJCICKI
William Henry GATES
Stéphane BANCEL
Albert BOURLA

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. 22cv51 -LF

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No**COMPLAINT FOR A CIVIL CASE ALLEGING NEGLIGENCE**
(28 U.S.C. § 1332; Diversity of Citizenship)**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Maria & Michael PETER	Julika & Jarolin BERGER
Street Address	Jager St 6 b	Kreuzlinger St 45 b
City and County	Hohenems	Konstanz
State and Zip Code	A - 6845	D - 78462
Telephone Number	+43 664 7301 3271	+49 157 852 76 77
E-mail Address	magic_spiral @ gmx.net	i.beratung @ gmx.de

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Defendant No. 1

Name	Susan Diane WOJCICKI
Job or Title <i>(if known)</i>	CEO online video platform YT
Street Address	901 Cherry Avenue
City and County	San Bruno
State and Zip Code	CA 94066
Telephone Number	(650)-253-0001
E-mail Address <i>(if known)</i>	susan@google.com

Defendant No. 2

Name	William Henry GATES
Job or Title <i>(if known)</i>	Persident BMGF
Street Address	P.O. Box 23350
City and County	Seattle
State and Zip Code	WA 98102
Telephone Number	(206)709-3400
E-mail Address <i>(if known)</i>	media@gatesfoundation.com

Defendant No. 3

Name	Stéphane BANCEL
Job or Title <i>(if known)</i>	CEO Mode-RNA Therapeutics Inc.
Street Address	200 Technology Square
City and County	Cambridge
State and Zip Code	MA 02139
Telephone Number	(617) 714-6500 (corporate office)
E-mail Address <i>(if known)</i>	IR@modernatx.com

Defendant No. 4

Name	Albert BOURLA
Job or Title <i>(if known)</i>	CEO Pfizer Inc.
Street Address	235 East 42nd Street
City and County	New York
State and Zip Code	NY 10017
Telephone Number	(212) 733-2323 (corporate office)
E-mail Address <i>(if known)</i>	RecruitingAccommodations@pfizer.com

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Under 28 U.S.C. § 1332, federal courts may hear cases in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000. In that kind of case, called a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff. Explain how these jurisdictional requirements have been met.

A. The Plaintiff(s)

1. If the plaintiff is an individual

The plaintiff, (name) Michel PETER, Maria PETER from Austria, is a citizen of the State of (name) Julika BERGER, Jarolin BERGER, German.

2. If the plaintiff is a corporation

The plaintiff, (name) -- . --, is incorporated under the laws of the State of (name) -- . --, and has its principal place of business in the State of (name) -- . --.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

B. The Defendant(s)

1. If the defendant is an individual

The defendant, (name) -- . --, is a citizen of the State of (name) -- . --. Or is a citizen of (foreign nation) -- . --.

2. If the defendant is a corporation

The defendant, (name) WOJCICKI - GATES - BANCEL - BOURLA, is incorporated under the laws of the State of (name) CA - WA - MA - NY, and has its principal place of business in the State of (name) CA - WA - MA - NY. Or is incorporated under the laws of (foreign nation) -- . --, and has its principal place of business in (name) -- . --.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

C. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

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Compensation \$ 100'000: Four plaintiffs handicapped 2021-2023 by medication & psychotherapy of the new anxiety disease Akva Again-killer-virus-attack (ICD F41.0). Punitive Damage: \$16 Trillion. Because in 2020, defendants rose risk of killer-virus-attacks from 10% to 70%, making NATO/Brussel announce on 30/12/2020 nuclear retaliatory strikes against aggressive states/terrorists using synthetic bioweapons.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On (date) 04/12/2020 , at (place) San Bruno/CA & Seattle/WA, & earlier in New York/NY, Cambridge/MA , the defendant(s): (1) performed acts that a person of ordinary prudence in the same or similar circumstances would not have done; or (2) failed to perform acts that a person of ordinary prudence would have done under the same or similar circumstances because (describe the acts or failures to act and why they were negligent)

On 3/13/2020, SB in New York/NY & AB in Cambridge/MA, and on 4/12/2020 SDW in San Bruno/CA & WHG in Seattle/WA failed to keep the risk of synthetic bioweapon-attacks at the 10%-low, but rose it to a 70%-high. They said in mass media: Here is "the greatest downfall the world faces" because "a new vaccine" has to "get out to seven billion people", affording "18 months lockdown", as this "is a pandemic, a deadly (killer) virus". WHG, SDW, AB, SB let damage-knowhow fall - uncensored - into wrong hands, because on 30/12/2020 NATO/Brussel announced nuclear (!) retaliatory strikes against aggressive states/terrorists using synthetic bioweapons.

The acts or omissions caused or contributed to the cause of the plaintiff's injuries by (explain)
Aggressive states/terrorists are happy to learn from SDW/WHG/SB/AB - via mass media/online video platform - the \$16-Trillion-damage-trick. Military forces expect more attackers to apply this virus-trick. The new high killer-virus-threat continues. Some citizens notice - due to 2020's lockdown-damage including government depth - nation's vulnerability and realize the new high risk of killer-virus-attacks - and cope well with it. Other citizens, however, are shocked and suffer new anxiety disease Akva (Again-killer-virus-attack), an ICD F41.0-disease, and are severely handicapped during health care's two-year-medication including psychotherapy.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Plaintiffs Maria/43y, Michael/14y, Julika/50y, Jarolin/15y are handicapped from 2/2021 until 7/2023 by the new anxiety disease Akva. This ICD F41.0 requires two years medication & psychotherapy, says mayoclinic.org. Each plaintiff claims \$ 25'000 Compensation.

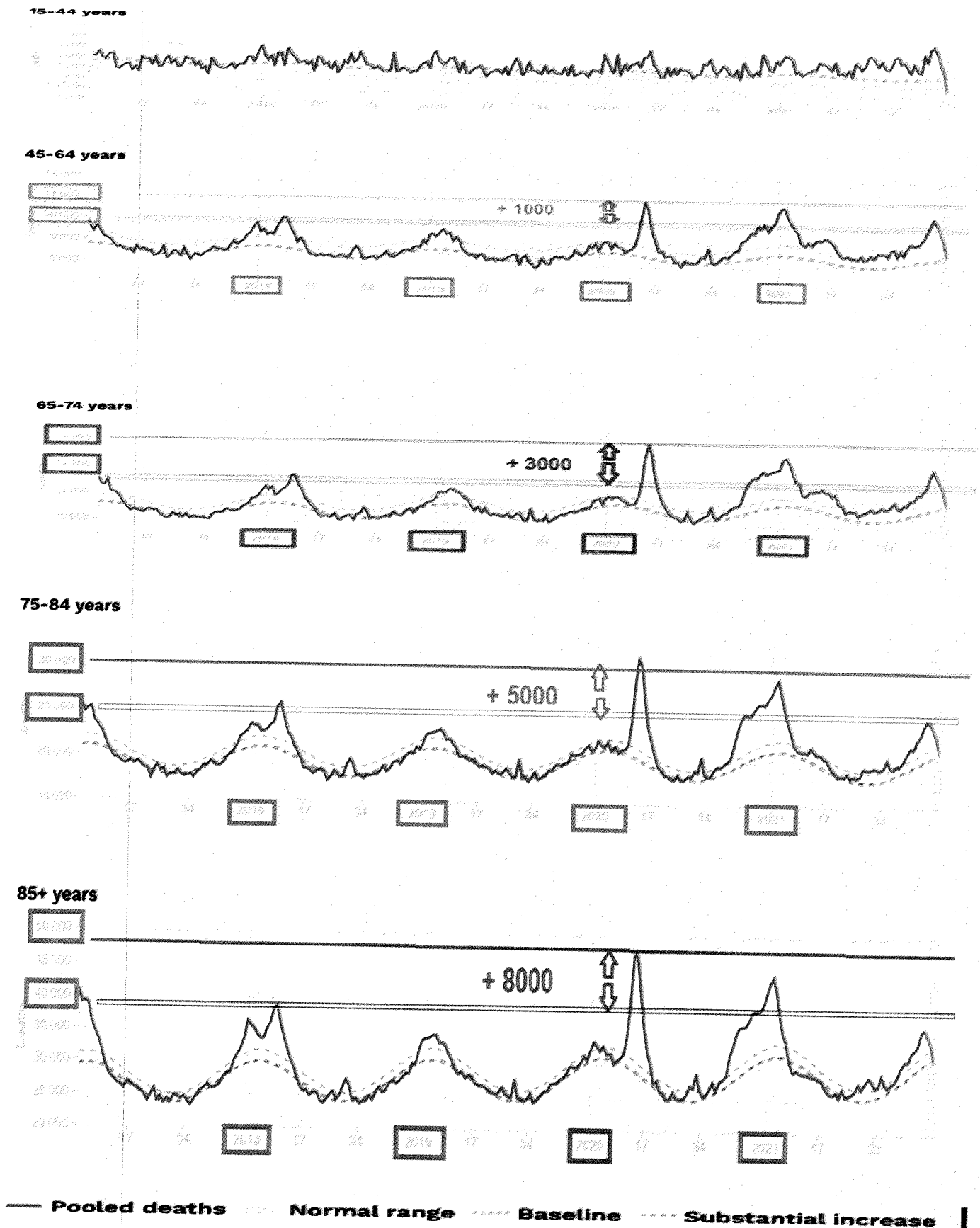
Punitive Damage:

Defendant AB and SB are world's expert in synthetic bioweapons and know that a corona-virus in the year 2020 is not a killer-virus, merely for people aged 85+, see All-cause-deaths2017-2021 of euroMOMO.eu (graph attached) or OECD-Stat. Yet SDW/WHG/AB/SB said uncensored in mass media "18 months lockdown" as this "is a pandemic, a deadly virus", thus making aggressive states/terrorists happy, but making nation's military very nervous; thus making security and vaccine business happy; yet producing new anxiety disease Akva.

Therefor: Punitive Damage: \$ 16 Trillion. TDH Terre des Hommes, MSF Medicine Sans Frontiers, IKRK, Amnesty International, Caritas, might distribute this amount to countries, communities, nation's military affected most from AB/SB/WHG/SDW's negligence rising in 2020 the risk of killer-virus-attacks to continuous 70%.

EuroMOMO is a European mortality monitoring activity: euromomo.eu

These graphs were generated in week 2022-1 with data from 28 participating countries: Austria, Belgium, Cyprus, Denmark, Estonia, Finland, France, Germany, Germany (Berlin), Germany (Hesse), Greece, Hungary, Ireland, Israel, Italy, Luxembourg, Malta, Netherlands, Norway, Portugal, Slovenia, Spain, Switzerland, UK (England), UK (Northern Ireland), UK (Scotland), UK (Wales), and Ukraine.



EDITORIAL



Covid-19 — Navigating the Uncharted

Anthony S. Fauci, M.D., H. Clifford Lane, M.D., and Robert R. Redfield, M.D.

The latest threat to global health is the ongoing outbreak of the respiratory disease that was recently given the name Coronavirus Disease 2019 (Covid-19). Covid-19 was recognized in December 2019.¹ It was rapidly shown to be caused by a novel coronavirus that is structurally related to the virus that causes severe acute respiratory syndrome (SARS). As in two preceding instances of emergence of coronavirus disease in the past 18 years² — SARS (2002 and 2003) and Middle East respiratory syndrome (MERS) (2012 to the present) — the Covid-19 outbreak has posed critical challenges for the public health, research, and medical communities.

In their *Journal* article, Li and colleagues³ provide a detailed clinical and epidemiologic description of the first 425 cases reported in the epicenter of the outbreak: the city of Wuhan in Hubei province, China. Although this information is critical in informing the appropriate response to this outbreak, as the authors point out, the study faces the limitation associated with reporting in real time the evolution of an emerging pathogen in its earliest stages. Nonetheless, a degree of clarity is emerging from this report. The median age of the patients was 59 years, with higher morbidity and mortality among the elderly and among those with coexisting conditions (similar to the situation with influenza); 56% of the patients were male. Of note, there were no cases in children younger than 15 years of age. Either children are less likely to become infected, which would have important epidemiologic implications, or their symptoms were so mild that their infection escaped detection, which has implications for the size of the denominator of total community infections.

On the basis of a case definition requiring a

diagnosis of pneumonia, the currently reported case fatality rate is approximately 2%.⁴ In another article in the *Journal*, Guan et al.⁵ report mortality of 1.4% among 1099 patients with laboratory-confirmed Covid-19; these patients had a wide spectrum of disease severity. If one assumes that the number of asymptomatic or minimally symptomatic cases is several times as high as the number of reported cases, the case fatality rate may be considerably less than 1%. This suggests that the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%) or a pandemic influenza (similar to those in 1957 and 1968) rather than a disease similar to SARS or MERS, which have had case fatality rates of 9 to 10% and 36%, respectively.²

The efficiency of transmission for any respiratory virus has important implications for containment and mitigation strategies. The current study indicates an estimated basic reproduction number (R_0) of 2.2, which means that, on average, each infected person spreads the infection to an additional two persons. As the authors note, until this number falls below 1.0, it is likely that the outbreak will continue to spread. Recent reports of high titers of virus in the oropharynx early in the course of disease arouse concern about increased infectivity during the period of minimal symptoms.^{6,7}

China, the United States, and several other countries have instituted temporary restrictions on travel with an eye toward slowing the spread of this new disease within China and throughout the rest of the world. The United States has seen a dramatic reduction in the number of travelers from China, especially from Hubei province.

EDITORIAL

At least on a temporary basis, such restrictions may have helped slow the spread of the virus: whereas 78,191 laboratory-confirmed cases had been identified in China as of February 26, 2020, a total of 2918 cases had been confirmed in 37 other countries or territories.⁴ As of February 26, 2020, there had been 14 cases detected in the United States involving travel to China or close contacts with travelers, 3 cases among U.S. citizens repatriated from China, and 42 cases among U.S. passengers repatriated from a cruise ship where the infection had spread.⁸ However, given the efficiency of transmission as indicated in the current report, we should be prepared for Covid-19 to gain a foothold throughout the world, including in the United States. Community spread in the United States could require a shift from containment to mitigation strategies such as social distancing in order to reduce transmission. Such strategies could include isolating ill persons (including voluntary isolation at home), school closures, and telecommuting where possible.⁹

A robust research effort is currently under way to develop a vaccine against Covid-19.¹⁰ We anticipate that the first candidates will enter phase 1 trials by early spring. Therapy currently consists of supportive care while a variety of investigational approaches are being explored.¹¹ Among these are the antiviral medication lopinavir–ritonavir, interferon- β , the RNA polymerase inhibitor remdesivir, chloroquine, and a variety of traditional Chinese medicine products.¹¹ Once available, intravenous hyperimmune globulin from recovered persons and monoclonal antibodies may be attractive candidates to study in early intervention. Critical to moving the field forward, even in the context of an outbreak, is ensuring that investigational products are evaluated in scientifically and ethically sound studies.¹²

Every outbreak provides an opportunity to gain important information, some of which is associated with a limited window of opportunity. For example, Li et al. report a mean interval of 9.1 to 12.5 days between the onset of illness and hospitalization. This finding of a delay in the progression to serious disease may be telling us something important about the pathogenesis of this new virus and may provide a unique window of opportunity for intervention. Achieving a better understanding of the pathogenesis of this disease will be invaluable in navigating our re-

sponses in this uncharted arena. Furthermore, genomic studies could delineate host factors that predispose persons to acquisition of infection and disease progression.

The Covid-19 outbreak is a stark reminder of the ongoing challenge of emerging and reemerging infectious pathogens and the need for constant surveillance, prompt diagnosis, and robust research to understand the basic biology of new organisms and our susceptibilities to them, as well as to develop effective countermeasures.

Disclosure forms provided by the authors are available with the full text of this editorial at NEJM.org.

From the National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, MD (A.S.F., H.C.L.); and the Centers for Disease Control and Prevention, Atlanta (R.R.R.).

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